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Bib Data Sheet

CONFIRMATION NO. 5750

SERIAL NUMBER 10/015,444	FILING DATE 12/11/2001 RULE	CLASS 277	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. 170053-00035
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Apparatus and method for manufacturing spiral wound gaskets

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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